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	A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Ramat Gan, Israel 52900								
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Plea	ase check the approp	riate assignce category or	categories (will not be pr	inted on the patent) :	☐ Indi	vidual 🛱 Corporati	on or other private gro	oup entity Government				
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1	D Issue Fee D Publication Fee (D Advance Order -	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0624 (enclose an extra copy of this form).										
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